



South Dakota Medicaid Program Pregnancy Coverage and Global Pregnancy Billing

Increasing Access to Services Provided Through IHS/Tribal Health Programs
Subcommittee

November 18, 2015

Medicaid Pregnancy Coverage

- Medicaid programs are federally required to include pregnant women as a specific coverage group.
- Covered services include pregnancy related services as well as additional Medicaid services

What is Global Pregnancy Billing

Global billing includes an all-inclusive rate for

- prenatal
- delivery
- postpartum care
- FY15 global pregnancy rate: \$1,398 vaginal birth - \$1,585 C-section

A global charge is billed for maternity claims when all maternity-related services are provided by one or more physicians practicing at the same location.

- The number of prenatal visits may vary from patient to patient.
 - If visits are less than 4 – global rate not used

Prenatal services normally included in the global package

The global pregnancy rate includes between 4- 14 prenatal visits including:

- First prenatal visit or initial evaluation, including a history and physical exam
- Pregnancy evaluation and progress screening
- Care of complications during the gestational period specific to obstetrical care or that constitute the management of a chronic, stable illness
- More than 14 visits are billed with a modifier
 - Medical complications related to pregnancy (ex: sciatic nerve impingement, back pain, abdominal pain, or even knee sprain/strain due to additional pregnancy weight).
 - High risk recipient who is seen more frequently or for other medical/surgical intervention

Delivery services normally include

- Admission to the hospital
- Admission history and examination
- Supervision or management of uncomplicated labor, including induction services
- Vaginal, C-section or VBAC delivery
- Delivery of placenta
- Episiotomy
- Initial evaluation and resuscitation of the newborn by the obstetrician
- Physician standby services

Postpartum services include

- Outpatient office visits for six weeks
- Inpatient hospital admission directly related to the pregnancy for a period of six weeks

Ancillary services billed outside the global pregnancy rate

Obstetric ultrasound

Cerclage

Insertion of a cervical dilator

Echocardiography

External cephalic version done in the clinic

Fetal biophysical profile

Administration of Ph immune globulin

Amniocentesis

Fetal non-stress test

Routine OB/maternity laboratory services such as HIB testing, blood glucose testing, sexually transmitted disease screening, and antibody screening such as for Rubella or Hepatitis

Blood typing and Rh factors

Thyroid testing

Medicaid Expenditures

FY2015

Total Expenditures \$16.6 million for 4,237 recipients (pregnancy related coverage groups only)

Total Medicaid Births: 5,820 (includes pregnancy related and other Medicaid coverage groups)

Total NICU expenditures: \$16.9 million for 636 recipients